

**APPLICATION FOR UNITED STATES LETTERS PATENT
DECLARATION, POWER OF ATTORNEY, AND PETITION**

As a below-named inventor, I declare that:

My residence, post office address and citizenship are as stated next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention which is described and which is claimed in the specification, entitled: MONOCYCLIC COMPOUNDS WITH FOUR BIFUNCTIONAL RESIDUES HAVING NK-2 ANTAGONIST ACTION

The specification [] is attached hereto [X] was filed on 23rd July 1999, as Application Serial No. 09/355,210.

☒ was filed as PCT international application
Number PCT/EP98/00599
on 4th February 1998
and was amended under PCT Article 19
on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of said specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.¹

COUNTRY	APPLICATION NUMBER	DATE (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
ITALY	FI97A000020	7th February 1997	Yes [X]	No []
			Yes []	No []

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

¹In Non-Convention cases, a listing of all filings and current status of cases filed more than a year before the U.S. filing is required to comply with 37 CFR 1.56(a). Such a listing may be attached.

APPLICATION SERIAL NO.	FILING DATE	STATUS

I hereby appoint my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent & Trademark Office connected therewith:

Edward A. Hedman, Reg. No. 22,120; Thomas M. Gibson, Reg. No. 24,638; James V. Costigan, Reg. No. 25,669; Kenneth F. Florek, Reg. No. 33,173; Alan B. Clement, Reg. No. 34,563; Martin P. Endres, Reg. No. 35,498 and Timothy X. Gibson, Reg. No. 40,618.

CORRESPONDENCE AND CALLS TO: James V. Costigan, Esq.
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The undersigned declares further that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR(S)	DATE	RESIDENCE AND P.O. ADDRESS
Name: ROSARIA PIRARI Signature: <i>Rosaria Pirari</i>	Date: 22-09-99 Citizen of: PISA - ITALY	VIALE PIAGGE 9/B 56100 PISA - ITALY
Name: ALBERTA GIORGI Signature: <i>Alberta Giorgi</i>	Date: 22-09-99 Citizen of: PISA ITALY	VIA CATANIA 4 20100 - MILANO - ITALY
Name: Cristina Di Bugno Signature: CRISTINA DI BUGNO	Date: 23-09-99 Citizen of: PISA ITALY	VIA R. SANZIO 16 56122 PISA - ITALY
Name: CARLO ALBERTO MAGGI Signature: <i>Carlo Alberto Maggi</i>	Date: 29.09.99 Citizen of: FIRENZE ITALY	VIA MICHELAZZI 43 50100 FIRENZE ITALY
Name: DANILLO GIANNOTTI Signature: <i>Daniello Giannotti</i>	Date: 29-09-99 Citizen of: ITALY ALTOPASCIO	V. ROMA 128 55011 ALTOPASCIO (LUCCA) - ITALY
Name:	Date:	
Signature:	Citizen of:	

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL
REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED
INVENTOR (37 CFR 1.42 AND 1.43)**

I, 1) Rosaria PIRARI and 2) Alberta GIORGI

(Type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of 1) - 2) Italy

residing at 1) Via alle Piagge 9/B - 56100 PISA - ITALY
2) Via Catania 4 - 20100 MILAN - ITALY

and that I am executing and signing the declaration to which this is attached as (check one):

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ legal representative (or heirs) of
Raffaello GIORGI

Full name of (first, second etc.) deceased or incapacitated inventor
ITALY

Country of citizenship of deceased or incapacitated inventor
Via Delle Piagge 9 - 56124 PISA - ITALY

Residence of deceased or incapacitated inventor
Via Delle Piagge 9 + 56124 PISA - ITALY

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts which the inventor is required to state.

Date: 22/09/99

Rosaria Pirari
(Signature of administrator(trix), executor(trix)
legal representative (or all heirs))

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a).

ADDED PAGE TO COMBINED DECLARATION ON BEHALF OF DECEASED

Date: 22/09/99 Olivia Jones

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____